



Chairman Bruno Barreiro

Miami-Dade County  
Commissioner District 5  
Mom and Pop Small Business Grant Program

**APPLICATION**

Mom and Pop Small Business  
Grant Program  
For Miami-Dade County  
District 5

**Attention Business Owners**

Grant Money Available!  
Up to \$5,000 Per Business

Applications being accepted  
**January 15, 2008 through February 15, 2008**

**PICK UP APPLICATIONS AT:**

District Office  
1454 SW First Street  
Miami, FL 33135  
Phone: 305-643-8525  
[www.miamidade.gov/district05](http://www.miamidade.gov/district05)

Deadline for Applications: 5:00PM, February 15, 2008  
Return application to District Office  
No late applications will be accepted!  
For additional information contact: Ms. Perez-Aryan: 305-756-0605  
**Neighbors And Neighbors Association**

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# **MOM AND POP SMALL BUSINESS GRANT PROGRAM**

## **BRIEF DESCRIPTION**

The Mom And Pop Small Business Grant Program was created to provide financial and technical assistance to qualified small businesses that are approved for funding. This program has allowed small owned and operated businesses the opportunity to interact with local government under favorable conditions, and this relationship will ultimately bridge the gap between the two entities.

- The program provides financial assistance to further the economic viability of recipients. Funding can be used to purchase equipment, supplies, advertising/marketing, inventory, building liability insurance, security systems and to make minor renovations.
- Technical assistance is made available to small businesses in order to create a better working and business environment, promote economic development opportunities, educate owners about various county-funded programs and projects, form/foster better working relationships among small business owners, retain and eventually create more jobs, offer the necessary training that small business owners so desperately need to become more efficient and competitive, etc.

The program has grown each year and is now being offered countywide. As a result, we recognize that the needs of each district are different and our goal is to address this diversity. In order to receive the correct guidelines and be considered for funding, you must apply in the district where your business is located. To locate your district, please call 311 or visit [www.miami-dade.gov](http://www.miami-dade.gov) on line click on find a service and click on maps. **Applications and start date for each district may differ, therefore, please be sure to pick up the appropriate application.**

## **Mom and Pop Small Business Grant Program Miami-Dade County Districts 5**

### **FY 2007-2008 Guidelines**

**Chairman Bruno Barreiro Mom and Pop Small Business Grant Program is offering applications to qualified businesses.**

**All businesses must be located in District 5 and meet the following criteria:**

- 1. Must have been in business for at least 1 years, include proof ( example: any old License, Incorporations, Sales Tax, Income tax or utility bill )**
- 2. Cannot have more than seven (7) employees.**
- 3. Must not be apart of a national chain.**
- 4. Must have no more than two (2) businesses in the district.**
- 5. Must submit a current Local Business Tax license (Miami-Dade County Occupational License) or paid receipt, and Municipality License if located in a City within the County at the time of application. Business name on application must match one on license (include copy).**
- 6. A physical address is required. No P.O Box as mailing address allowed.**
- 7. Applicant must apply in district where business is located.**
- 8. Home – base businesses can not apply.**
- 9. Applications will not be accepted after deadline.**
- 10. Only one application per business.**
- 11. Must not have delinquent loan with Miami-Dade County, County Department or a County funded agency.**
- 12. Businesses that received funding from the program in the past can not apply.**
- 13. Non-profit agencies can not apply.**
- 14. Application must be typed or printed only.**
- 15. Applicants must sign and submit all requested documents**

**PLEASE BE AWARE OF THE FOLLOWING:**

**Information Meetings**

All businesses that apply for funding can attend a 1-hour meeting, which will explain the program requirements. All questions will be answered at that time. Attending the preliminary meeting does not guarantee that you will receive funding.

Wednesday, February 6, 2008, 6:00 p.m.-7:00 p.m.

at Accion, 858 West Flagler Street

PLEASE BE ON TIME

**Mandatory Workshops**

Guidelines for Mom And Pop Small Business Grant Program require that each approved recipient attend a certain number of business training courses. These courses are offered for your convenience at no cost.

It is very important that you attend the workshops and complete the specified amount of courses. Otherwise, you may be disqualified from the program.

**FY 2007-2008  
APPLICATIONS FORMS  
Mom and Pop Small Business Grant Program**

Date: \_\_\_\_\_

**A. Identifying Data**

Business Name	
Business Address	
City & Zip Code	
Business Phone/Fax	
Email Address	
Type of Business	
Owner's Name	
Owner's Address	
City & Zip Code	
Drivers License #	
U.S. Citizen	_____ YES or _____ NO
Authorized Representative	

**B. Budget Summary**

<b>Request Amount FY 2007-2008</b>	
<b>TOTAL</b>	

**C. Usage****DESCRIPTION****ESTIMATES**

<input type="checkbox"/> <b>Inventory / Supplies</b>	_____	\$ _____
<input type="checkbox"/> <b>Business Equipment</b>	_____	\$ _____
<input type="checkbox"/> <b>Marketing / Advertising</b>	_____	\$ _____
<input type="checkbox"/> <b>Commercial Liability Insurance</b>	_____	\$ _____
<input type="checkbox"/> <b>Minor Interior/External Renovations</b>	_____	\$ _____
<input type="checkbox"/> <b>Security System</b>	_____	\$ _____

D. Business owners are required to provide the following information:

1. How long have you been in business? Number of years \_\_\_\_\_ months \_\_\_\_\_
2. Have you ever applied for the Mom and Pop Grant before: Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you received a Mom and Pop grant in the past: Yes \_\_\_\_\_ No \_\_\_\_\_
4. If yes, how much funding did you receive: Yes \_\_\_\_\_ No \_\_\_\_\_
5. My Dade County Local Business Tax receipt/license (Occupational License) is attached to the application.  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Required \_\_\_\_\_  
\*If no license is required, you must submit a letter from the License Department along with your application.
6. My City Municipality Local Business Tax receipt/license (Occupational License) is attached to the application.  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are you or any of the shareholders employed by Miami-Dade County?  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. If yes, what department? \_\_\_\_\_
9. Have you ever applied for a loan? Yes \_\_\_\_\_ No \_\_\_\_\_
10. If yes, with whom? \_\_\_\_\_
11. Was the loan approved? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Do you have a past due loan with the County or any County funded Department or agency?  
Yes \_\_\_\_\_ No \_\_\_\_\_
13. If yes, with whom? \_\_\_\_\_
14. Will you be contributing any funding to the project? Yes \_\_\_\_\_ No \_\_\_\_\_
15. If yes, how much? \$ \_\_\_\_\_
16. Do you own the building that you occupy? Yes \_\_\_\_\_ No \_\_\_\_\_
17. Are you willing to participate in Business Development workshops?  
Yes \_\_\_\_\_ No \_\_\_\_\_



18. Number of employees? Full-time:\_\_\_\_\_ Part-time: \_\_\_\_\_

19. Please provide the following information regarding your current employees(s):

<i>NAME</i>	<b>ADDRESS</b>	<b>ZIP CODE</b>	<b>White / Black Hispanic / Other</b>  Male / Female <i>(Please Circle)</i>
			<b>W B H O M/F</b>
			<b>W B H O M/F</b>
			<b>W B H O M/F</b>
			<b>W B H O M/F</b>
			<b>W B H O M/F</b>
			<b>W B H O M/F</b>
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			<b>W B H O M/F</b>
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**Comments** \_\_\_\_\_

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**My signature below indicates that I have read this document and fully understand its contents.**

*The information submitted on this document is true to the best of my knowledge.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**ATTACH A COPY OF YOUR CURRENT LOCAL  
BUSINESS TAX RECEIPT (Occupational License)**

**ATTACH A COPY OF YOUR CURRENT MUNICIPALITY  
CITY LOCAL BUSINESS TAX RECEIPT LICENSE**

**ATTACH OUTSIDE PICTURE OF BUSINESS**



Picture of building if located in a commercial building  
Picture of vehicle if business is mobile